STATE FORM

RF

	D PLAN OF CORRECTION  (2.1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0058		(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R			
NAME OF	PROVIDER OR SUPPLIER	111 112-0030	STREET AD	IDRESS CITY	CTATE TIP CORE	02/29/2008		
мтѕ			1222 QUI	DDRESS, CITY, STATE, ZIP CODE  IINCY ST, NE  GTON, DC 20017				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FIRE	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	(OIU D DE	(X5) COMPLETE DATE	
1 000	INITIAL COMMENT	rs		1 000		· · · · · · · · · · · · · · · · · · ·		
	28, 2008 and Febru facility's continued of deficiencies cited du on October 16, 200 on observations, inti	Jring the relicensure 7. The findings were er /iews and record r d∋ficiencies were ev	survey based eview					
1 002	3500.2 GENERAL F	PROVISIONS	,	1002		2009		
	shall demonstrate the the provisions of D.C Title 6, Chapter 19 g	se∋ and residence di nat he or she undersi C. Law 2-137, D.C. C govern the care and r ersons in addition to f	ands that ode, ights of			MAR 24 P 3: 2	RECEIVED RATIMENT OF HEACT REALTH REGULATION ADMINISTRATION	
	This Statute is not in Based on observation review, the GHMRP director failed to den understood that the plant of the D.C. Code 2-137, D.C. Code, The care and rights of me	licensee and resider nonstrate that he or s provisions of Title 7, (formerly called D.C. itle 6, Chapter 19) or	ecord nce she Chapter Law			Ę		
	The findings include:	:		,				
	1. The facility failed residents' rights to re both in order to facilit outside of the resider them learn how to maily fiving [Title 7, C formerly § 6-1962], a	eceive habilitation, ca tale access to servic ntial facility and/or to ake choices necessa hapter 13, § 7-1305.	re or es help ary for					
alth Regula	tion Administration		<u>-</u>		TITLE		(X8) DATE	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  ((1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		HFD12-0058		B. WING		ļ ,	R		
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	DDRESS, CITY, STATE, ZIP CODE 02/29/2008					
MTS			1222 QUIN	INCY ST, NE GTON, DC 20017					
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1 002	Continued From page	ge 1		1002			<del> </del>		
	a. Cross-refer to I422.3 and I422.4. The GHMRP failed to ass st Residents #1 and #2 with accessing and participating in preferred community/ recreational services and activities.				Ta. See responses for 1422.3 and 1422.4				
	ensure the habilitation	ss-refer to I436. The GHMRP failed to the habilitation and training of its residents rea of self-medication administration.			1b. See responses for 1436	ı			
	c. Cross-refer to I401. The GHMRP failed to evaluate Resident #1's non-compliance with nurse instructions, to develop programs to meet the resident's psychological and treatment needs. In particular, nursing staff had documented a consistent pattern whereby the resident was combative and/or refused to cooperate with finger sticks. The resident was diabetic and her primary care physician ordered finger sticks three time a week to monitor her bood glucose levels. There was no evidence that her combative behavior had been addressed by the interdisciplinary team, to include the psychologist, to develop formal or informal intervention strategies for nurses to use in dealing with the resident.				1c. the psychologist will develop a protocol follow in addressing Resident #1's resistance psychologist has already suggested an alternamethod that will be less painful, quicker and not focused to the finger. This new method winto the protocol 3-30-08. Staff will be trained on the protocol and on the behavior/demeanor when providing support dexample, no laughing) 3-30-08. The alternative tool will be purchased by 3-40-40.	to finger sticks.' ative to the finger easier because it iff be incorporate eir uring the process	The stick is		
	It should be noted the approximately 7:35 A person was observed while assisting the nu#1's finger stick. The finger nail polish, telli polish served as a disindicated that they off the resident was uncorocess, which lasted the staff person laugh	M, one direct support aughing inappropriate in obtaining Reseated a bong the surveyor that straction. The staff fitten used this strategy properative. During the several times about the several time	rt staff ately ident ottle of the urther y when ne nutes, out the						
1 2 1 1	resident's behavior, in a tone that could be in mean-spirited). Neve	ff person laughed several times about the nt's behavior, in a playful manner and not in that could be interpreted as spirited). Never heless, she laughed about ident's aversion to the finger sticks, and							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X ) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER;	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		HFD12-0058		B. WING			R	
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	ODRESS, CITY, STATE, ZIP CODE 02/29/2008				
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1002	Continued From pa	ge 2		1 002				
	spoke about the res present or was othe what was being said promote the resider	ident as if she were rwise unable to unde d. This practice did n it's dignity and respe	erstand oot ct.	1002				
	both in accordance Plans (ISPs) [Title 7 formerly § 6-1964(c)		are or Support 05.04(c),		2a. The Director of Nursing conducted refr nursing staff to insure that abnormal readin	esher training with	the	
	a. Cross-refer to I422 GHMRP nursing staff failed to implement Resident #1's physician's orders when they did not notify the primary care physician (or their nursing supervisors) when her blood glucose readings were below 80 or above 200.				immediately (see attachment) 3-20-08. Managing nurses will check the blood sugaweekly to insure that abnormal readings are 30-08.  The MAR documentation form will be more reminder set of instructions to the nurses we check. The modification will be done by	or levels at minimum e routinely reported the reported a	13-	
	b. Cross-refer to I42 GHMRP failed to imp Resident #2's Activity outings as recomme	plement Resident #1 y Schedules and con	sand	,	2b. See responses for 1422.3 and 1422.4			
	3. The facility failed to (lemonstrate protection of residents' rights to receive a nourishing, well-balanced, varied ar d appetizing diet, and where ordered by a physician and/or nutritionist, to a specialized diet [Title 7, Chapter 13, § 7-1305.05(f), formerly § 6-1965(f)], as follows:  Cross-refer to I422.2. C HMRP staff failed to				3. The nutritionist reports that resident #1 a regular ketchup (see: attached nutrition not There was no 1% milk in the home during so staff inappropriately substituted the 2% manager will insure via menu-matched sho available at all times. The QMRP will obse weekly and review the food/drink supplies menus at least once weekly to insure that explanate meal consistent with the	e)3-20-08.  the survey observal milk. The facility pping that 1% milk rve at least two me against the planned	tion : is als	
i   i   t	mplement Resident: Resident #1, who wa who was on a low fat have sugar free ketol given regular ketchup  The facility failed t	#1's and #2's diet ord s d abetic, and Resid diet, were both supp nup and 1% milk. The pand 2% milk instead	ders. lent #2 leosed to ley were		planned meal consistent with their prescribe basis 3-30-08. The nutritionist has conducted follow up traincluding a review of proper substitutions (s. 20-08.	ed diet on a routine		
. r	esidents' rights to remedical attention [Titles   Titles   Titles	ceive prompt and add	equate	-				
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STATEME AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(>:1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE S			
•		HFD12-0058		B. WING	· · · · · · · · · · · · · · · · · · ·	Į	R		
NAME OF	PROVIDER OR SUPPLIER	7.1. 2.12-0038	STREET ADD	IRESS CITY		9/2008			
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1 002	Continued From page	ge 3		1002		<del></del>			
	7-1305.05(g), forme								
	Cross-refer to 1422. that nursing staff no physician (in accord or notified nursing si instructed) when Re	tif ed the primary car arice with physician's upervisors (as report sident #1's blood alu	re s orders) tedly		4. See responses for 3500.2 1b.				
	levels tested below to Documentation of fir nurses recorded gluoccasions in Novem 2007, 4 in January 2 2008 yet failed to fo	30 or above 200.  Igar sticks revealed  Igar sticks out of rai  Ber 2007, once in De  O08 and 3 times in F	that nge on 4		· .				
	5. The facility failed residents' rights to hakept complete and conference of the facility formerly fo	ave their personal re ur ent l'Title 7. Chant	cords er 13 8						
	a. Crossrefer to 129 ensure that each res summary of each sig professional person of complete summary of his or her program, p the Qualified Mental	ident's record includentificant contact by a with a customer, and if the customer's respondent and records	ed a	·	5a. Sec responses for 1292				
	<ul> <li>b. Cross-refer to I47 maintain records of a by residents, to include amount and expiration</li> </ul>	ill controlled drugs re de the date dispense	ceived		5b. Sec responses for 1478				
l 024	3501.7 ENVIRONME SPACE	N'FAL REQ / USE O	F	024					
	Each GHMRP shall s outside recreational a	how that it can provi	de .	3	501,7				
1	·	•		S	ee responses for 142	•			
	This Statute is not m	et as evidenced by:			and the second s		]		
aith Regula ATE FORM	tion Administration								
			6699	R3	K311	If continuation			

STATEME AND PLAN	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (21) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER;	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER		STREET AL	DDRESS, CITY, STATE, ZIP CODE 02/29/20				
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1024	Continued From pa	ge 4		! 024		<del></del> -		
	transportation and a her peers to attend community-based so accordance with the	issistance to Resider church, nightclubs ar ocial/ recreational ac	nt #2 and nd other tivities, in		This is an area that needs improvement. The prinvolved a dearth of approved drivers among the been improved significantly (two approved drivcommunity activities will improve3-30-08.  MTS has adjusted its recruiting strategies for dinsure that the majority of staff hired have drive good driving records3-30-08.	e staff. This here added) an	as d the	
1 061	3502.19 MEAL SER	VICE / DINING ARE	AS	! 061				
	Each GHMRP shall cleaning all equipme the preparation and	have effective proce and and work areas us serving of foods.	dures for sed in					
	This Statute is not no Based on observation implement effective and sanitary equipm food preparation and	n, the facility failed to procedures to ensure er t and work areas i	o e clean	·				
	The finding includes:	•			3502.19			
	On February 29, 200 the kitchen revealed debris splashed on the microwave oven.	dried food particles a	and/or		The QMRP trained staff on appropriate clean up routine (see attachment) 3-20-08. It should be noted that the am routine Monday the time compressed because of the day program rula after breakfast but routinely return after the day complete the job thoroughly. The surveyor inspecturned to do so.	hrough Friday ns. Staff clean program runs	up to	
1 062	3502.20 MEAL SER\	/ICE / DINING AREA	\s	1 062				
·	Dishes and eating uto each meal and stored condition.	ensils shall be cleane d to maintain their sa	ed after nitary					
	This Statute is not m Based on observation dishes in a manner the sanitation,	n, the GHMRP failed	to store		•			

STATEME AND PLAN	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CLIA BER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	·	STREET AD	DRESS CITY	, STATE, ZIP CODE	02/29/2008		
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I 062	Continued From page	ge 5		1062				
	the kitchen cabinets	09, at 8:19 AM, inspec	estic I					
	the kitchen cabinets revealed stacks of plastic drinking cups, plates and bowls. The Qualified Mental Retardation Professional, who was present at the time, incicated that the stacked dishes and cups were clean and ready for future use by the residents. Further inspection, however, revealed water that was trapped between the dishes and cups. One set of beverage glasses had milk trapped between them. In addition, two of the coffee mugs were stored upside down, with water trapped inside and no air flow to allow for drying.		lified		The facility dishwasher is broken and staff is with hand dishwashing. The QMRP has train assisting residents with this task insuring that sanitized and properly dried (See: Attachmer dishwasher will be replaced by 3-30-08.	ted staff on properly		
,			vere	•				
1 090	3504.1 HOUSEKEE	PING		I 090				
	maintained in a safe, and sanitary manner	rior of each GHMRP s clean, orderly, attracti ar d be free of , rubbish, and objection	ve,					
	This Statute is not m Based on observation failed to maintain the clean, orderly, and at	n and interview, the Gh interior of the facility in	HMRP 1 a					
ŀ	The findings include:			,				
	Ол February 29, 2000 inspection of the facil	B, Deginning at 8:08 AN ity revealed the followi	M, ng:	i	3504.1 Kitchen:	1		
	Kitchen:  1. The interior sill bel showed signs of wate tion Administration	ow the kitchen window r camage. Paint was	,		<ol> <li>The window sill has been repaired</li> <li>When staff return from day prograt clean the interior of the microwave The QMRP covered this in her trai</li> </ol>	m runs they routinely if it has been used		

	HFD12-0058		A. BUILD		(X3) DATE SURVEY COMPLETED				
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NAME OF PROVIDER OR SUPPL	ER	STREET ADD	ADDRESS, CITY, STATE, ZIP CODE 02/29/20						
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PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES  NOV MUST BE PRECEDED BY  OR LSC DENTIFYING INFORMA	o=uu l	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	NULL DO DO	(X5) COMPLETE DATE			
1 090 Continued From	page 6		1 090						
chipped and/or		ľ	1090						
There were of splashed on the microwave over	lried food particles and/o back⊣nside wall of the	or debris		·		,			
Basement:									
There were to brown due to pa	wo ceiling tiles that were st water damage.	stained		Basement:	. ]				
in disarray. The conditioning unit	rest the basement exit of re were old chairs, a win I luggage and numerous aphazard manner.	dow air		<ol> <li>The ceiling tiles will be replaced 1</li> <li>The basement floor had just been materials cited were stacked as su could be done. The areas have been 20-08.</li> </ol>	repaired and the	• .			
First floor bathro	om:								
was either missir	und the top edge of the ng or cracked, especially below the faucet and kn	along							
Upstairs bathroo	m in hallway:								
There was a larg moulding along to was cracked.	e crac ( across the floor ne edge of the floor tiles	tiles and also							
1 095 3504.6 HOUSEK	EEPING	.	1 095						
Each poison and a locked cabinet of each resident.	caustic agent shall be s and shall be out of direc	tored in t reach							
This Statute is no Based on observe caustic agents in	ot met as evidenced by: ation, the GHMRP failed a lock∋d cabinet.	to store							
The finding include alth Regulation Administration	es:								

AND PLAN	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA IMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED	
		HFD12-0058		B. WING		<u> </u>	R	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	ADDRESS, CITY, STATE, ZIP CODE 02/29/2				
MTS			1222 QUI	2 QUINCY ST. NE				
(2.4.)	0.17		L.	STON, DC	20017		•	
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I 095	Continued From pa	age 7		1095		···		
	of Mildew Soap clear	008 at 8:13 AM, a sp aning agent and a jug red being stored in ar nder the kitchen sink.	g of		The QMRP will retrain staff on project 24-08. The facility manager will audit the pinsure that poisons are properly stor routinely 3-30-08.	physical environmen	t weekly to	
1 096	3504.7 HOUSEKEE	EPING		I 096				
٠.	No poisonous or ha in a food preparatio	zardous agent shall l n, storage or serving	pe stored area.					
	This Statute is not in Based on observation caustic agents in a l	me: as evidenced by: on, the GHMRP failed locked cabinet.	d to store					
	The finding includes	32		į				
	of Mildew Soap clea bleach were observe unlocked cabinet un Qualified Mental Rei	08, at 8:13 AM, a spranting agent and a jug ed being stored in an der the kitchen sink. tardation Professiona	of The		3504.7 See responses for 3504.6 above.	·	<b>!</b>	
	was present at the ti the poisons from the	ime, immediately rem kilichen.	oved			'		
1 292	3514.3 RESIDENT F	RECORDS	,	1 292				
.   1	Each record shall ind the requirements of 6-1972 (1989 Repl. )	clude, but not be limit D.C. Law 2-137, D.C Vol.).	ed to, . Code §			·		
	Based on interview a GHMRP failed to ma accordance with req (now Title 7, Chapte)	net as evidenced by: and record review, the aintain resident record uirements of D.C. La r 13), for two of the fo ity. (Residents #2 an	ds in w 2-137 our					

AND PLAN	MENT OF DEFICIENCIES LAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0058			(X2) MUL A. BUILD B. WING	<del></del>	(X3) DATE (COMPL		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	ET ADDRESS, CITY, STATE, ZIP CODE 02/29				
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I 292	Continued From pa The findings include			1 292				
	(formerly 6-1972) Complete records to maintained and shat professional persor who are directly invinclude:	D.C. Code 7-1305.1: for each customer sha all be readily available as and to the staff wo colved These record	all be to					
	(8) "A medication h	istory and status" staff failed to maintair			3514.3	.		
	accurate medication Residents #2 and #	n ad ministration recor	ds for	·	(8). See responses for 1478	· · · · · · · · · · · · · · · · · · ·		
	(9) "A summary of professional person	each significant conta with a customer"	ect by a					
	Resident #2's media Monthly Summary a indicating that she had an array 29, 2008. The residental visit. The residental visit. The residental visit. The residental sheet had be consult sheet had be cook," stored elsewing 2008, that did not residental services. The acknowledged that the terror was a services. The acknowledged that the terror was a services.	2008, at 1:44 PM, recal record revealed Nind Running Note entried at tooth extraction. The note entries did not dental consultation shad at the correspondition of the placed in a "docto here in the facility. [Niew of Resident #2's rephysical, performed ban (IPCP) on February 19, is a Consulting RN he FCP had not seen when he was in the fament, almost 1 month 18 dental appointment.	ursing ries on on oot, f the include neet. ng or's ote: At record by the y 26, 2008	,	(9). MTS and revised and made routine PCPs review consultation findings in a t document their recommendations. Nursi weekly on Tuesday's routinely to review for the week in a person-specific manner follow up note at that time and instruct the recommendations and the disposition of the clinical specialist. The RN will write insure that the consultation report, physic note are placed in the medical record of the within the business week. The RN will us (attached) to insure that all recommendationally manner and to report the status of Nursing 4-1-08.	thely manner and ng will meet with the vall medical consultate. The PCP will write the RN as to his/her the recommendations a companion note artism's note and the number individual supports the new tracking for all medical	e PCP dions their s by di arsing ted ormat	

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED R			
NAME OF	PROVIDER OR SUPPLIER	HFD12-0058	STREET AD	_			9/ <u>2</u> 008		
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1 292	Continued From pag	je 9		l 292					
	b. On February 29, Resident #2's annual 26, 2008, revealed at to a September 13, the only indication in had received a paper was unable to locate consultation form for gynecology examinatelephone interview at 12:12 PM) revealed September gynecology estables at 12:12 PM) revealed September gynecology estables at 12:12 PM) revealed September gynecology examinatelephone interview at 12:12 PM) revealed fibroids. He corresponding consultation for the consultation of the consultation of the consultation of the professional personal pe	2008, at 3:38 PM, real physical, dated February February 2007 pap smear. The the record that the remear. The Consultivity et a corresponding of the September 13, 25 fion. [Note: A post-swith the PCP (Marched that he recalled a gy appointment, the ethought perhaps the ethought perhaps the littrorm might still be worf the book had shult form.]  The customer's response on designated to perform the end of the book had shult form.]  The customer's response on designated to perform the end of the end	the PCP lis was lesident ling RN  2007 lurvey 3, 2008, findings edoctor's hown no  arterly dent's her led no lesident raining leg her		b. There was no 9-13-08 pap smear. On 9-13-08 mammogram (copy attached). Resident # 2 vis 08 (copy attached). The GYN visits resulted it issues noted and a recommendation that she refibroid issue is mentioned on the most current for resident #2 and goes back to 2005. The fibroid issue were raised a during the "asymptomatic" and no issues were raised a during the 4-30-08 GYN. Nursing will follow up as needed recommended to insure proactive monitoring of timely treatment in it becomes necessary3-30 minutes that all formal training previewed in data-based fashion and that none of the executive director will insure routine compandits, audits by the Assistant and by the executorically4-15-08.	sited GYN on 4 in o significant turn in 2 years. medical assessivities are indicat is mentioned ea ed and as of the issue and o-08.	-30- The nent ed to rlier		
1 401	3520.3 PROFESSION PROVISIONS	I SERVICES: GENE	RAL	1401					
Ith Regulat	ion Administration		689		31/244				

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	, A. BUILO		(X3) DATE S			
		HFD12-0058		B. WING	*		₹		
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1 401	Continued From pa	ge 10		1401					
	and evaluation, incli developmental level services, and services	es shall include both uding identification or is and needs, treatmes designed to prevener loss of function b	f ent ent				,		
	This Statute is not r Based on observation review, the GHMRP #1's non-compliance develop programs to psychological and tree	e with nurse instruction in the mile in th	ord esident ons. to						
	The findings include	:							
	1. On February 29, medication nurse as to the dining room followers and to adminisimmediately turned to "here comes the fight bad sometimes shift saw the finger stick began resisting effor	ked staff to bring Re or testing her blood s ster medications. Th o this surveyor and s it finger stick figh e refuses." Indeed, ok device and immed ts to lance the finger	sident #1 ugar ne nurse stated its so Resident		3520.3  1. As mentioned earlier, the finger sti will be addressed via the use of an instrument to obtain the blood sugressed will be in place by 3-30-08.	ick compliance alternative ar levels. The ne	issue ew		
	direct support staff ir nurse by talking with nail polish to her othe struggled for approxi nurse managed to ob support staff said Re combative and that the nurse was unable to Resident #1's record	ntervened, assisting the resident and apper hand. The resident mately 5 minutes be ottain blood. The direction was often here were times whe achieve a finger stick.	the plying nt fore the ect en the k.						
-	morning, beginning a psychological assess did not reflect any co cooperate with finger Support Plan (BSP),	it 11:25 AM. Her sment, dated August ncerns regarding ref est cks. Her Behavic	2007, usals to						

STATEMEN AND PLAN (	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN B. WING		NSTRUCTION		(X3) DATE SURVEY COMPLETED R		
NAME OF P	ROVIDER OR SUPPLIER	HFD12-0058	days to the second					02/	29/2008	
мтѕ			1222 QUIN WASHINGT	ADDRESS, CITY, STATE, ZIP CODE RUINCY ST, NE INGTON, DC 20017						
(X4) ID PREF(X TAG	(EACH DEFICIENC	ATENENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	Eller	ID PREFIX TAG	( CR	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE	
	Inote: The BSP indist of targeted behinon-compliance was At 11:59 AM, revier charts revealed the documented the formation of the complete on 6 occasions, 10/8, 10/10, 10 resident's refusals. Combative behavior 10/3, 10/12 and 10/4 having obtained blocks.	refusals to have finge cluded "non-compliant avio s; however, as not defined.]  w of Resident #1's finet nu sing staff had flowing:  d glucose readings wasions that month (on 0/2£ and 10/31) due to 3 other occasions 24); however, they read sugar readings. [I readings taken that n	ger sticks. ger stick ere not 10/1, to the ted s (on corded	1401						
.  :	November 2007: sh 20 attempts; 8 time obtain a blood sam	ie was combative on s s the nurse was unab ble.	9 out of le to		,		·			
3 S S S S S S S S S S S S S S S S S S S	February 28, 2008 a pbserved the next repple sauce into Responed the mixture. She was not asked spoon by hand to part of the resident of the same of t	evering medication particle and the medication particle and the medication particle and the resident's medication into the resident's more accouraged to take articipate in the process was observed eatily with a fork on February with a fork on February is a frequent issue, as you bring out the is on." She also state	red ns and nouth. e the ss. ng her uary 28, vas navior. adding			Resident #1 can a medications in it facility manager this. The Medical implementation c DON or Lead RN 08.	without assistand and Director of Nation LPN will be of the self medica	e. The QMRP, lursing all confir retained on prop tion program, T	rm per he	
t	ne reason the nurse on Administration	es spoon fed the resid	lent was		<u>.</u>	<u> </u>				

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/O	CLIA ER:		TIPLE CONSTRUCTION	(X3) DATE S	URVEY
		UED40 on-		A. BUILDI B. WING	<del></del>	COMPLI	
NAME OF F	PROVIDER OR SUPPLIER	HFD12-0058	TOCETABO				੨ 9/2008
					STATE, ZIP CODE		012000
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(X4) ID PREFIX TAG	REGULATORY OR LS	TEMENT OF DEFICIENCIES MIJST BE PRECEDED BY FUI C DENTIFYING INFORMATIO	LL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	11 5 5 5	(X5) COMPLETE DATE
l 401	Continued From pag			I 401			
	medications are mix minute later, the RN record and confirme of a self-medication  At approximately 12: Retardation Professi Resident #1's record self-medication asse the resident was comdescribed a recent enuncooperative with a hospital, stating there guards to hold her do strong!" Further interconfirmed that the resident was confirmed that the resident for assessment and/of	3f PM, the Qualified Mor al (QMRP) looked in and could not find a sament. She was award ative. The QMRP are vent when Resident #1 ttempts to draw blood at a vas need for "4 security with the QMRP sident's combative behavioring medications) here psychologist's attention development of a for to assist the resident at	Mental  Mental  Mental  Mere that  Mental  Mere that  M		The DON, Lead RN and QMRP will periodical medication administration to insure that the incare allowed to participate consistent with their programs to the fullest extent possible 4-1-08 Resident #1 is combative about the finger stick but is not combative otherwise. Her medical needs are otherwise routinely met. The DON and RN will insure that each person medication assessment in their medical record of They supported by the QMRP will insure that sassessments are updated routinely in conjunction development process 4-30-08.	dividuals suppoself medications.  issue consiste  supported has by 3-30-08.	ntty a self
1422	3521.3 HABILITATIO	N AND TRAINING	1	422			ı
·   {	Each GHMRP shall p and assistance to res the resident 's Individ	rovide habilitation, trair idents in accordance w ual Habilitation Plan.	ning vith				
[   r   a	eview, the facility faile and assistance in acc ndividual Support Pla	et as evidenced by: , interview and record ed to provide habilitatio ordance with residents ns: (ISPs), for two of th e. (Residents #1 and s	ie two				
	The findings include:						
1 1	. GHMRP nursing st	af failed to implement					j
tn Regulati TE FORM	on Administration	, - <del></del>					

STATEME AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY	
				A. BUILD B. WING		COMPLETED	
NAMEOE	PROVIDER OR SUPPLIER	HFD12-0058		!		R 02/29/2008	
TOTAL OF	FROMDER OR SUPPLIER				, STATE, ZIP CODE	<u> </u>	
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TAG	REGULATORY OR L	MUST BE PRECEDED BY SC DENTIFYING INFORMA	FULL TION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		E
1 422	pa			I 422		· · · · · · · · · · · · · · · · · · ·	-
	Resident #1's physi	cian's orders, as folio	ws:				
٠	On February 29, 20	08. at approximately	7:38 AM				ł
	the medication nurs	e took a reading of R	l trabise!		3521,3		- [
	#1's blood sugar lev	'els. The nurse state	ed that it		1. The DON retrained	•	J
•	was at 137, within n	orrnal limits.			insuring proper polification of the	e importance of	] :
	Resident #1's record	ds were reviewed late	ar that	•	values and levels are discovered. The Lead RN will check the data at minimum	3 PCP when abnormal or taken 3.30.00	- 1
•	morning, beginning .	at 11:25 AM. Her ph	vsician'e		ongoing compliance 4 t oo	n weekly to insure	- 1
	orders (POS) from N	√o∖'ember and Decer	nber		The weekly PCP/nursing sources	nprove	- [
	2007, and January a	no February 2008, ir	rcluded		communication on such concerns 4-1-08.	• • • • • • • • • • • • • • • • • • • •	ſ
	stick) three times we	blood glucose level	(finger				
	the MD if glucose lev	ekly (M, W and F).	Notify	•		•	- }
	g.aooco ic	voria 400 () 220().	İ				
.	At 11:59 AM, review	of Resident #1's fing	er stick		·		
	charts revealed abno	ormal blood glucose	readings				
. ,	on 4 occasions in No December 2007, 4 in	ovember 2007, once	in				- [.
	times in February 20	108. The chart on wh	ich the		·		- [
	finger sticks were re-	corded also provided	a space				
	designated for docur	nenting the notification	on of				
	Resident #1's doctor	. However, the 4 ma	nthly			•	
	charts did not reflect	ary documented			,		
	notifications of the do	octor when glucose re	eadings			1.	1
	Tell extende of the fair	igo opcomed in the F	Os.				
	At 1:25 PM, the Cons	sulting RN was asked	d how		•		1
ĺ	nursing staff should a	respond to Resident:	#1's	·			
	blood sugar readings	if they are outside o	f the				1
1	range specified in he had been instructed to	r FOs. Nurses repor	tedly		•		
,	and she would then o	contact the primary c	ig KN				
.	physician (PCP). At	6:10 PM, further inte	rview		· ·		
,	with the Consulting R	N revealed that she	would				
,	expect the nurse to d	ocument having noti	fied her	•			
	in the resident's runn	Ing nurse notes. The	RN				
	and Qualified Mental (QMRP) both stated t	retardation Professi	onai			,	
	notified of any finger	sticks in recent most	hs				
	tion Administration				<u> </u>		1

ND PLAN	OF DEFICIENCIES OF CORRECTION	(X1: PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	A. BUILDI		(X3) DATE S COMPL	SURVEY ETED
IAME OF F	DOLUMEN OF THE PROPERTY OF THE	HFD12-0058		B. WING			R
NAME OF F	ROVIDER OR SUPPLIER	:	STREET ADD	DRESS, CITY,	STATE, ZIP CODE	02/2	9/2008
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1 422	Torri pa			1 422		<del></del>	
	readings in January 370 (on 1/4/08) and Consulting RN suggicalled the Nurse Ad Follow-up telephone with the Nurse Admit 11:10 AM and 12:12 that neither had bee	eadings were below a nformed that Reside. 2008 had been as he 267 (on 1/9/08), the jested that the nurse min strator instead of a interviews on Marchinistrator and the PC PM respectively, connotified that Residengs had fallen out of	nt #1's igh as s had f her. n 3, 2008 P, at nfirmed				
. , .	#1's and #2's diet on On February 28, 200	98, t eginning at 6:08	PM				
	Resident #1 and her hot dogs and hambuone bottle of ketchup Richfood (regular, with and sugar) that was morning, staff stated given a glass of milk prior to this surveyor's bservation of the receich food ketchup and he date 2/27/08 writt marker. When asked all of the residents dr	peers were observer rgers at dinner. The brought to the table th high fructose cornused by all. The nex that all residents had with their breakfasts a arrival). At 8:10 Alfrigerator revealed a d a pallon of 2% milk an on the jug with mid, the QMRP indicate ank the same milk.	d eating re was syrup t d been (served M, bottle of with agic ed that	n n S 3 T m	2. The nutritionist did not restrict ketchup and when the survey of her, she indicated that resident ketchup on things like hot dogs the nutritionist) 3-20-08.  The facility manager will insure that 1% madividuals for whom it is prescribed routing the nutritionist of the prescribed routing and diets 3-30-08.  The facility manager and OMRP separately infimum two meals weekly (OMRP) or the sure routine compliance 3-30-08.	tation was shared w #1 can have regular (see: attached note  ilk is available for t icly. The facility d to the prescribed scribed diets/menus	rith from he3-
s w p w 3	hat Resident #1 was ugar levels were tes /as later confirmed b hysician's orders, at /as prescribed an "16 :57 PM, review of Re hysician's orders rev	at 7 33 AM, it was redia betic, and her bloted 3 times a week by review of the resident 11:48 AM. Resident 800 calorie diabetic desident #2's February realed that she was low fat, low sodium"	ood This ent's t #1 diet." At i				

TREET ADDRESS, CITY, STATE, ZIP CODE    STATE   ADDRESS, CITY, STATE, ZIP CODE	STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION NG	(X3) DATE S COMPL	ETED
MTS  1222 QUINCY ST, NE WASHINGTON, DC 20017  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL FAME DEFICIENCY AND COMMERCE DEFICIENCY	NAME OF B	DOMAGED OF OUR PLANT	HFD12-0058	· · · · · · · · · · · · · · · · · · ·	_L.		l l	
I decide processory Must be preceded by FULL TAG  RECHARTORY OR LISC IDENTIFYING INFORMATION)  At approximately 5:57 PM, review of the menus revealed that residents on low fat and/or 1800 calorie diabetic diets stould drink 1% milk. Further review of the previous evening's menu revealed that residents on 100 calorie diabetic diets should use "sugar free" ketchup. At 6:01 PM, the direct support staff person in the kitchen stated that the ketchup in the refrigerator was "probably not" sugar free, and there was no other ketchup available in the GHMRP.  3. The GHMRP failed to implement Resident #2's Activity Schedule and community outings as recommended by her interdisciplinary team (IDT) in her April 8, 2007 ISP, as follows:  On Thursday, February 28, 2008, approximately 4:07 PM, a February 2008 calendar was posted in the center hallway. The word Chateau was writtin on the calendar for every Thursday. At approximately 4:20 PM, interview with a direct support staff person revealed that the ladies enjoyed dancing at The Chateau nightclub; however, they would not go there that evening becars be they were celebrating Resident #2's birthday in the facility. On February 29, 2008, at approximately, 6:50 AM, Resident #2's confirmed that they had all stayed home the night before.  On February 29, 2008, teginning at 4:34 PM, review of Resident #2's Program Book revealed a "Rocreation Data Collection Sheet" on which staff had documented few (9 community) recreational outings during the past 3 months, as follows:  Sat. December 8, 2007 - Publick Playhouse Sat. December 15, 2007 - Greenbelt Mall Sun. December 32, 2007 - church		ROVIDER OR SUPPLIER		1222 QUII	NCY ST, N	Ξ.		372008
At approximately 5:57 PM, review of the menus revealed that residents on low fat and/or 1800 calorie diabetic diets of ould drink 1/8 milk. Further review of the previous evening's menu revealed that residents on 1800 calorie diabetic diets should use "sugar free" ketchup. At 6:01 PM, the direct support staff person in the kitchen stated that the ketchup in the refrigerator was "probably not" sugar free, and there was no other ketchup available in the GHMRP.  3. The GHMRP failed to implement Resident #2's Activity Schedule and community outings as recommended by her interdisciplinary team (IDT) in her April 8, 2007 ISP, as follows:  On Thursday, February 28, 2008, at approximately 4:07 PM, a February 2008 calendar was posted in the center hallway. The word Chateau was written on the calendar for every Thursday. At approximately 4:20 PM, interview with a direct support staff person revealed that the ladies enjoyed dancing at The Chateau nightcub, however, they would not go there that evening beca-ise they were celebrating Resident #2's birthday in the facility. On February 29, 2008, at approximately, 6:50 AM, Resident #2 confirmed that they had all stayed home the night before.  On February 29, 2008, beginning at 4:34 PM, review of Resident #2's Program Book revealed a "Recreation Data Collection Sheet" on which staff had documented few (9) community/ recreational outings during the past 3 months, as follows:  Sat. December 8, 2007 - Publick Playhouse Sat. December 15, 2007 - Greenbelt Mall Sun. December 23, 2007 - church	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY	E111.1	PREFIX	CROSS-REFERENCED TO THE	SHOULD DE	COMPLETE
caloric diabetic diets st ould drink 1% milk. Further review of the previous evening's menu revealed that residents on 1800 caloric diabetic diets should use "sugar free" ketchup. At 6:01 PM, the direct support staff person in the kitchen stated that the ketchup in the refrigerator was "probably not" sugar free, and there was no other ketchup available in the GHMRP.  3. The GHMRP failed to implement Resident #2's Activity Schedule and community outings as recommended by her interdisciplinary team (IDT) in her April 8, 2007 ISP, as follows:  On Thursday, February 28, 2008, at approximately 4:07 PM, a February 2008 calendar was posted in the center hallway. The word Chateau was written on the calendar for every Thursday. At approximately 4:20 PM, interview with a direct support staff person revealed that the ladies enjoyed dancing at The Chateau nightclub; however, they would not go there that evening because they were celebrating Resident #2's birthday in the facility. On February 29, 2008, at approximately, 6:50 AM, Resident #2 confirmed that they had all stayed home the night before.  On February 29, 2008, beginning at 4:34 PM, review of Resident #2's Program Book revealed a "Recreation Data Collection Sheet" on which staff had documented few (9 community/ recreational outlings during the past 3 months, as follows:  Sat. December 8, 2007 - Publick Playhouse Sat. December 15, 2007 - Greenbelt Mall Sun. December 23, 2007 - church	I <b>42</b> 2	Continued From pa	ge 15		1422			
had documented few (9° community/ recreational outings during the past 3 months, as follows:  Sat. December 8, 2007 - Publick Playhouse Sat. December 15, 2007 - Greenbelt Mall Sun. December 23, 2007 - church		revealed that reside calorie diabetic diet. Further review of the revealed that reside diets should use "su PM, the direct suppostated that the ketch "probably not" sugal ketchup available in 3. The GHMRP fails #2's Activity Schedurecommended by he in her April 8, 2007 I On Thursday, Februapproximately 4:07 I calendar was posted word Chateau was vevery Thursday. At interview with a direct revealed that the lad Chateau nightclub; If there that evening be Resident #2's birthdize, 2008, at approximately 1:00 preview of Resident #2 proview p	ents on low fat and/or is should drink 1% mile previous evening's ents on 1800 calorie or ugar free" ketchup. A ort staff person in the nup in the refrigerator in free, and there was the GHMRP.  ed to implement Resile and community out interdisciplinary teas SP, as follows:  lary 28, 2008, at PM, a February 2008 of in the center hallway written on the calenda approximately 4:20 Fot support staff person income ver, they would be a set they were certain the facility. On mately, 6:50 AM, Resinad all stayed home 108, beginning at 4:34-12's Program Book re	1800 ilk. menu diabetic at 6:01 e kitchen r was no other ident utings as am (IDT)  by. The ar for M, on at The not go lebrating February sident #2 the night  PM, evealed a		supported to alter the outing p order to celebrate the birthday and facility manager will insu are implemented and are aided driver-eligible staff for the ho	lans for one evening of a peer. The QM re that planned outing the recent hire me 3-30-08.	RP ngs of two
Sat. December 15, 2007 - Greenbelt Mall Sun. December 23, 2007 - church		'Recreation Data Co had documented fev	ollection Sheet" on wh v (9) community/ recr	nich staff reational				
Ith Regulation Administration		Sat. December 15, 2 Sun. December 23, 2	:007 - Greenbelt Mall	ise 				

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILD		(X3) DATE SURVEY COMPLETED
NAME OF	PROVIDER OR SUPPLIER	HFD12-0058		B. WING		R 02/29/2008
MTS	-ROVIDER OR SUPPLIER	<u> </u>	1222 QUI	DRESS, CITY NCY ST, N STON, DC	, STATE, ZIP CODE E 20017	02/29/2008
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1422	Continued From page	ge 16		1 422		
	Tues. December 25 Sat. January 12, 20 Sat. January 26, 20 Sun. January 27, 20 Fri. February 8, 200 Wed. February 13, 2	08 - Greenbeit Mall, i 08 - Wheaton Plaza i 08 - church 8 - dinner with 14th s	shopping			
	At 4:38 PM, review of ISP revealed a list of doing, including "goi. The Chateau." Her is "participate in a varie activities." The ISP is Schedule, dated Mai Saturday and Sunda group home, as follo	f things that she enjoing to church" and "gill" recommended the ty of social and recripicty of \$2007, that reflect sectivities outside or	oyed oing to hat she eational			
	Sat. 2PM-6PM outing 6PM-7PM dinne	g er/meds (eat out)				-
	Sun. 9AM-1PM churd 3PM-6PM sight			,		
	Resident #2's progra Care Progress Notes documented what oc 5:06 PM, review of th January - February 2 additional recreations reflected on the Recr	s," forms on which stace ourred during each stated by staff progress note that the staff progress note that were real outlings that were real outliness than the real outliness that were	aff shift. At es from dence of			
1	At 5:48 PM, the Facil were asked how long The Chateau. The Face response; however usually go once a mostated that the GHMF available, therefore treason for the resider weekends.	ago the ladies had lac lity Manager did n the QMRP stated "t nth." The QMRP al RP had its own vehic ansportation would r	oeen to oot offer they so le not be a	·		

STATEME. AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA	(X2) MU	LTIPLE CONS	STRUCTION		(X3) DATÉ	Elle (E)
-	·	IDENTIFICATION NO	MBEK:	A. BUILI	DING			COMP	LELED POKAFA
MANEOE	DD 01 17 - 1	HFD12-0058		B. WING	·——				R
NAME OF	PROVIDER OR SUPPLIER				Y, STATE, ZIF	CODE	<del>-</del>	02/	29/2008
MTS	1		WASHING	NCY ST, N STON, DC	NE 20017				4
(X4) ID PREFIX TAG	(CMCH DEFICIENCY	TELIENT OF DEFICIENCIES MUST BE PRECEDED BY BC DENTIFYING INFORMA	EIII I	ID PREFIX TAG	\-	PROVIDER'S P ACH CORRECT SS-REFERENC DE	TVE ACTION 6	HOURS SE	(X5) COMPLETIE DATE
1 422	Continued From pag	je 17		1 422		<u> </u>		· <del>- ·-</del> ·	<del>                                     </del>
	There was no evided Resident #2 with particle recreational activities and Activity Schedul documented evidence church in February 2 nightclub within the particle recrease.	s, in accordance with e. There was no ce that she had been 1008 or gone to The I	of her iSP			,			
	4. On February 29, 2 review of Resident # Recreation Data Coll findings similar to the #2. Her Activity Scheoutings (lunch, shopp (church and sightsee mostly the same outinot attend the February peers. There was no participated in communication of the prescribed frequency	1's Activity Schedule ection Sheets reveal ose cited above, for fedule included Saturbing, etc.) and Sundaing). Staff had documes as Resident #2; ary 8, 2008 dinner will evidence that Residuality outings at the	and led Resident day ay mented she did						
I 436	3521.7(f) HABILITAT	ION AND TRAINING	•	l 436		*	-		
	The habilitation and to GHMRP shall include be limited to, the follo	, when appropriate. I	but not	÷				·	
·	(f) Health care (includ use and self-administ aid, care and use of p devices, preventive he	ration of medication, rosthetic and orthofi	first			· .			
] 1 	This Statute is not me Based on observation eview, the GHMRP fa nabilitation and trainin of self-medication adn	, interview and recor alled to ensure the g of its residents in t	i						
	he findings include:		ĺ	}		.*			[
ith Regulati TE FORM	on Administration		<u>.</u>	<u> </u>	,	<u> </u>	<del></del> -	·	
I - FUKM			8599		3K311				

AND PLAN OF CORRECTION	(X·) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	BER:	IULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER	HFD12-0058			R 02/29/2008	
MTS	1 .	1222 QUINCY ST WASHINGTON, D	ITY, STATE, ZIP CODE  NE C. 20017		
Frenk   CACH DEFICIENCY	TEMENT OF DEFICIENCIES MLST BE PRECEDED BY FU GC I DENTIFYING INFORMATION	ID	PROVIDER'S PLAN OF CO	N SHOULD BE COMPLETE	 E
Observation of the e	evening medication	nning at			
rine nurse asked a combring the resident's known table, which the emptied a packet of resident's cup, poure. The nurse also remonedications from the into a small plastic material in some apple had been elsewhere brought to the dining the spoon and spoon sauce mixture into the then handed the bever who took the cup and solution. The reside the table and prompti	eir respective bubble partied cation cup, and the service. Resident #1, was then room table. The nurse ed the medication/apperesident's mouth, Sterage cup to the resident placed the empty cup walked away.	son to ning the ed. acks en who ne held ble he ent,	As indicated, the DON retrained the manurse on implementing the self medical monitor ongoing compliance in support OMRP3-30-08.  Also as indicated earlier, nursing and the self medication assessments are in place that each has a program that reflect their potential for growth and that assessment during the ISP development process4	tion programs and will t of the Lead RN and the QMRP will insure that the for each person supported, or current skill levels and	
Resident #1's current a data collection shee stated "Goal: To impro The data sheet reflect was to pour her water medications and take	d (MAR) book was at 12:10 PM. Along wit 12:10 PM. Along wit (February 2008) MAR of for a program with the overself-medication skipled 2 steps: the resider before taking her the empty cup to the set, however, was for the set.	was le ills." nt			
review. Initially, she s	as present at the time of tated that the residents rants, per se, but were	s did			

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER;	A. BUILDI		(X3) DATE COMP	LETED
NAME OF		HFD12-0058		B. WING			R
NAME OF	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY	STATE, ZIP CODE	1 02/	29/2008
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(X4) ID PREFIX TAG	REGULATORY OR L	TEN ENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	ero i	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		(X5) COMPLETE DATE
1 436	- simulation i form pag			I 436		<del></del>	
	their self-medication the RN replied yes, the nursing assessment self-med assessment 12:28 PM, the RN lo record and acknowled.	ate by pouring their we k tchen. When ask skills had been assethis was a part of the process. There was at observed in the recoked through Reside edged that she was u	ed if essed, annual s no cord. At				
	locate a self-medicar record. The RN sum basement. At appro QMRP also stated the a self-medication assignment. Further review documented evidence training was included plan.	nmoned the QMRP fr xin ately 12:35 PM, that she was unable to sessment in Residen of the record reveal to that self-medication	om the he locate t #1's led no				
	2. During the evenin February 28, 2008, a removed Resident #2 bubble packs into a sand then handed the The nurse then instrufrom a cup of juice th by another resident. juice and then sat at the February 29, 2008, at Resident #2's records those obtained througheout earlier that day	t 6:08 PM, the nurse are medications from medications from medications to the resident to a third been poured of the resident drank sine dinner table. On a 2:04 PM, review of a revealed similar find the review of Resident drank in the dinner table.	their on cup esident. drink earlier ome				
	assessment and there objective specified in	e was no training goa Resident #2's annua	il or I plan.				
1478	3522.6(d) MEDICATIO	DNS		478		.	. [
1	The record for a resid substances shall inclu d) Date dispensed, a	ide the following:					
th Regulat	ion Administration	and expiration	espo	<u> </u>	<u></u>		

STATEMEN AND PLAN	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0058		ER/CLIA IMBER:	(X2) MUL A. BUILD B. WING		(X3) DATE S COMPL	SURVEY ETED
NAME OF F	PROVIDER OR SUPPLIER	711 12-0038	STREET ADD		, STATE, ZIP CODE		9/2008
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(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	EIRA	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD DE	(X5) COMPLETE DATE
	and This Statute is not i	met as evidenced by on, interview and recilled to maintain reconstruction and reconstruction cate.  Medication Administrate reviewed on February 1:16 Purposs that was observed attion errors and/or Rs, as follows:  tazepine (Remeron) allable for administrate at ay. Review of Foundation of the next day, howe see had initialed the formal reconstruction of the next day.	ation uary 29, M, to eved on ed  30 mg tion on that the Resident ver, MAR as	1 478	3522.6 (d)  1. The DON has reviewed the Relevant medication nurse, condocumentation, notification a have other follow up actions	unseled her on prope nd follow up and ma	er Y
	made no notation incomes unavailable. At confirmed that there facility. The RN example and that the numissed medication and there or many care physicial missed medication.  2. On February 29, 28, 29, 29, 29, 20, 29, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	licating that the med 1:34 PM, the Consul was no Remeron in mined the MAR and urse had not docume ppropriately. Furthe at the RN was previous was no evidence the was informed of the 2008, at 1:44 PM, revented the Monthly Summary	ication Iting RN the ented the rously ed the nat the ne		investigation of all of the issu (d) 3-30-08.	es raised under 3522	6

ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HFD12-0058	R/CLIA MBER:	(X2) MUL A. BUILDI B. WING	<del></del>	(X3) DATE S COMPLE	URVEY ETED
IAME OF F	PROVIDER OR SUPPLIER	111 D 12-0038	STREET ADI	TRESS CITY	STATE, ZIP CODE		9/2008
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	administered 2 tabs narcotic) for pain, fo date. The same nur that she had adminis Tylenol #3 on the fol	on that the Tylenol #3 on either date. At PM, the Consulting R and confirmed that the the administration of dical chart failed to s ian's order for the us	edule III ry on that umenting s of uent ous 8 MAR 8 had 8 had 8 Tylenol show e of		2. The DON is conducting a full invest Tylenol #3 issue and will recomme action upon completion of her inverpills discussed by the survey were it was not stored in the medication cat properly destroyed with the record reconciled 3-208.  The lead RN will review the MARs, medication medication cabinets at minimum weekly to and outlined. Appropriate action will be taken when uncovered up to and including the replacement if that is deemed necessary 3-30-08.  The lotion for resident #3 has been properly distributed individuals supported bi-monthly and the facilities of the properly used at all times as well as properly when that is necessary 3-30-08.	nd appropriate stigation. The n a locked box binet. They wi properly  n nursing note lit for the concent issues are of nursing superposed of 3-2 kits of the concent properly.	12 c that II be s, and terns pports
	c. Review of the Jan consultation sheet represented that Refor discomfort as directly dense the use of Tylenol #3 January 30, 2008.  d. The original Tylenol #3 January 30, 2008.  d. The original Tylenol #3 January 30, 2008.  d. The original Tylenolide on October 2, 2 extraction. In its liceroperory document the properly document the properly document the January 29, continued failure to proper the Administration of the January 29, continued failure to proper the Administration of the January 29, continued failure to proper the January 20, continued failure to proper the January 30, conti	vea ed that the denti- desident #2 receive ". ected." There was no sed physician had at on January 29, 2006 of #3 prescription ha 007 following a tooth neure deficiency reports the Health Regulation he facility's failure to be administration of Tollow up review of the of Utilization Record ( 2008, at 1:38 PM, re	st had Motrin o uthorized B or d been ort dated Tylenol CMUR)				
n Regulat 'E FORM	ion Administration						<u> </u>

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) DATE S	
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NAME OF	PROVIDER OR SUPPLIER	-	STREET ADD	RESS, CITY	, STATE, ZIP CODE	02/2	29/2008
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	been updated since time there were repulsive inspection of the local February 29, 2008 r. Tylenol #3 remained	ecified). There were ting that on January Tylenol #3 had been /er, these were not res NARs. There was inting for what had had mained on October 9	R had not which naining, net on that he hat she stober 15, nurse 29 and effected no				
	****	**********		٠.			
	Previously, the Octol included the following	be 16, 2007 survey g:	findings	-		·	
	Observation of the monducted on Octobe AM. The facility's Me Record (MAR) was a 2007 at 11:07 AM. For Medication Record was administered Tyswollen jaw. Further Medication Record documented evidency Tylenol #3 was administered was no evidency maintained all controdate dispensed and a second conduction of the control of the control of the conduction of t	er 15, 2007 beginning adjusted an October Review of the "Control review of the "Control revealed that Reside review of the "Control #3, several day review of the "Control revealed that there was of the month that the instered to the residence that the facility alled drugs records w	ion 15, blied nt #3 rs for a rolled vas no he ent.				

OF CORRECTION	(XI) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:			(X3) DATE S	URVEY ETED
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3522.11 MEDICATI	ONS		I 484			
or has reached the	iscontinued by the phexpiration date, or ha	vsician				
Based on observation failed to ensure that including topical lotion	on and interview, the all prescribed medic	GHMRP ations				
The finding includes	:		•			
a bottle of Ammoniu observed on Reside bottle's label include January 30, 2008." Retardation Professi time, confirmed that	m _actate 12% lotion nt af3's dresser top. d the following: "disca The Qualified Mental ional, who was prese	n was The ard after ont at the				
3523.1 RESIDENT'S	R:GHTS		1 500			
that the rights of resi protected in accorda chapter, and other a	idents are observed a noe with D.C. Law 2-	and 137. this				
Based on observatio review, the GHMRP	n, interview and reco failed to ensure the	rd				
The findings include:		, ,				·
	Continued From para 3522.11 MEDICATI Each GHMRP shall medication that is don has reached the worn, illegible, or more that including topical loting they reached their eached their each each each each each each each each	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC (DENTIFYING INFORMAL Continued From page 23 3522.11 MEDICATIONS  Each GHMRP shall promptly destroy present medication that is discontinued by the properties of the expiration date, or has reached the expiration date, or has vorn, illegible, or missing label.  This Statute is not me: as evidenced by: Based on observation and interview, the failed to ensure that all prescribed medicincluding topical lotions, were destroyed they reached their expiration date.  The finding includes:  On February 29, 2008, at approximately a bottle of Ammonium Lactate 12% lotion observed on Resident 3f3's dresser top, bottle's label included the following: "disc. January 30, 2008." The Qualified Mental Retardation Professional, who was prese time, confirmed that the lotion's expiration had passed.  3523.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall enthat the rights of residents are observed a protected in accordance with D.C. Law 2-chapter, and other applicable District and laws.  This Statute is not met as evidenced by:	PROVIDER OR SUPPLIER  STREET ADD  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)  Continued From page 23 3522.11 MEDICATIONS  Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label.  This Statute is not me: as evidenced by: Based on observation and interview, the GHMRP failed to ensure that all prescribed medications, including topical lotions, were destroyed when they reached their expiration date.  The finding includes:  On February 29, 2008, at approximately 8:40 AM, a bottle of Ammonium Lactate 12% lotion was observed on Resident 15's dresser top. The bottle's label included the following: "discard after January 30, 2008." The Qualified Mental Retardation Professional, who was present at the time, confirmed that the lotion's expiration date had passed.  3523.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the protections of each resident's rights.	OF CORRECTION  IDENTIFICATION NUMBER:  HFD12-0058  STREET ADDRESS, CITY,  1222 QUINCY ST, MI WASHINGTON, DC:  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MI ST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 23  3522.11 MEDICATIONS  Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label.  This Statute is not me: as evidenced by: Based on observation and interview, the GHMRP failed to ensure that all prescribed medications, including topical lotions, were destroyed when they reached their expiration date.  The finding includes:  On February 29, 2008, at approximately 8:40 AM, a bottle of Ammonium actate 12% lotion was observed on Resident #3's dresser top. The bottle's label included the following: "discard after January 30, 2008." The Qualified Mental Retardation Professional, who was present at the time, confirmed that the lotion's expiration date had passed.  3523.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other appl cable District and federal laws.  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the protections of each resident's rights.	OF CORRECTION    Continued From page 23   Continued From page 24   Continued From page 25   Continued From page 26   Continued From page 27   Continued From page 27   Continued From page 28   Continued From page 29   Cont	OF CORRECTION  INTERPRETACTION NUMBER: A BUILDING B. WING COMPEL CONTRUCTION NUMBER: A BUILDING B. WING B. WIN

AND PLAN OF CORRECTION  (X*) PROVIDER/SUPPLIER IDENTIFICATION NUM		ER/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED R		
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	residents' rights to r	nake choices necess Shapter 13, § 7-1305	are or ces o help				
	GHMRP failed to as accessing and partic	Cross-refer to I422.3 and I422.4. The MRP failed to assis: Residents #1 and #2 sessing and participating in preferred imunity/ recreational services and activities	d #2 with		3523.1  1a. See responses for 1422.3 and 1422.4		·
	b. Cross-refer to I43 ensure the habilitation in the area of self-mo	on and training of its	residents		b. Se responses for 1436 c. Sec responses for 1401		
	c. Cross-refer to I40 evaluate Resident #' nurse instructions, to the resident's psychologisten particular, nursing consistent pattern who will be to monitor her week to monitor her was no evidence that been addressed by the include the psychologisters.	I's non-compliance very develop programs to develop programs to bogical and treatment staff had documented to cooperate where diabetic and he ad finger sticks three blood glucose levels their combative behave interdisciplinary to develop formative descriptions.	vith o meet nt needs. ed a vas ith finger r primary e time a . There avior had eam, to al or				
	informal intervention in dealing with the re- it should be noted the approximately 7:35 A person was observed while assisting the nutil is finger stick. The finger nail polish, tellipolish served as a discontinuous control of the c	sident.  at on February 29, 20  M, one direct support I laughing inappropri Irse in obtaining Res e staff presented a born ing the surveyor that	008, at rt staff ately ident of the				
	ion Administration			<u> </u>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R		
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1 500	Continued From pa	ge .25		1 500				
	the resident was un process, which last the staff person lau resident's behavior, a tone that could be mean-spirited). Ne the resident's avers spoke about the respresent or was othe what was being said promote the resident.  2. The facility failed residents' rights to reboth in accordance	vertheless, she laughtion to the finger stick sident as if she were erwise unable to under d. This practice did rat's dignity and respet to demonstrate protrece ive habilitation, cawith their Individual \$7, Chapter 13, \$7-13	the ninutes, bout the and not in ned about is, and not erstand not ct. ection of are or Support					
	failed to implement orders when they di physician (or their n	22.1. GHMRP nursing Resident #1's physic direct notify the prime sursing supervisors) with the second supervisors and supervisors were below 80 or second supervisors.	ian's iry care when her		2a. See responses for 1422.7 b. See responses for 1422.3 and 1422.4			
	GHMRP failed to im	22.3 and l422.4. The plement Resident #1 ty 5 chedules and cor ended in their ISPs.	l's and				-	
	residents' rights to r well-balanced, varie where ordered by a to a specialized diel 7-1305.05(f), forme	I to demonstrate protective a nourishing, and appetizing diet physician and/or nut [Title 7, Chapter 13, rly {} 6-1965(f)], as fo	t, and ritionist, § llows:					
- [14 D		2. GHMRP staff faile t #1's and #2's diet or						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X I) PROVIDER/SUPPLII IDENTIFICATION NU		MBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
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	who was on a low f have sugar free ke given regular ketch 4. The facility failed residents' rights to	vas diabetic, and Resi fat diet, were both sup tchup and 1% milk. To up and 2% milk instea d to demonstrate prote rec∋ive prompt and ac	posed to hey were ad.				
	medical attention [77-1305.05(g), form	Fitle 7, Chapter 13, § erly § 6-1965(g)], as fo	ollows:				
	that nursing staff no physician (in accord or notified nursing s instructed) when Re levels tested below Documentation of finurses recorded glu occasions in Noven 2007, 4 in January 2	inger sticks revealed to ucose levels out of ran nber 2007, once in De 2008 and 3 times in Fe offow procedures.	orders) edly cose hat ge on 4 cember ebruary		<ul> <li>3. See responses for 1422.2</li> <li>4. See responses for 1422.1</li> <li>5. See responses for 1292</li> </ul>		
	residents' rights to t kept complete and c	I to demonstrate prote nave their personal rec current [Title 7, Chapte § (i-1972], as follows:	cords er 13. 8				
	ensure that each re summary of each si professional person complete summary his or her program,	292. The GHMRP faile sident's record include gniricant contact by a with a customer, and of the customer's respondered and recorded Retardation Professions.	ed a  a  bonse to d by				
	maintain records of	78. The GHMRP faile all controlled drugs reude the date dispensed on date.	ceived		b. See responses for 1478.		٠, ٠
			· 1	1.	e de la companya de	٠	

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